

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 11/08/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  446209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  10/12/2016
NAME OF PROVIDER OR SUPPLIER  SPRING CITY CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 331 HINCH STREET SPRING CITY, TN 37381		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 248 SS=D	<p>Amended 2567 11/8/16 to reflect removal of F278.</p> <p>483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES</p> <p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview the facility failed to honor activity preferences for 1 resident (#2) of 1 resident reviewed for activities of 30 residents reviewed.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #2 was admitted to the facility on 9/25/08 with diagnoses including Anxiety State, Depressive Disorder, Hemiplegia, Subdural Hemorrhage, Emphysema, Osteoarthritis, Joint Stiffness, and Convulsions.</p> <p>Medical record review of the annual Minimum Data Set (MDS), Preferences for Customary Routine Activities, dated 1/8/16 revealed it was very important to listen to the music, somewhat important to keep up with the news, do things with groups of people, do favorite activities, go outside to get fresh air when the weather is good, and participate in religious services.</p> <p>Medical record review of MDS dated 9/23/16</p>	F 248	<p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Notified family and updated activity preferences on resident #2 on 10/31/16. Quality of Life team reading doing one on one Bible reading and snacks with Resident #2.</p> <p>2. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: Quality Assurance Performance Improvement (QAPI) Director to review activity log for past month for any residents not participating in group activities by November 11, 2016. Those residents identified wishing not to participate in group activities care plans will be updated to reflect wishes by November 16,</p>	11/18/16	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X5) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continued program participation.

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NAME OF PROVIDER OR SUPPLIER  SPRING CITY CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 331 HINCH STREET SPRING CITY, TN 37381		
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F 248	<p>Continued From page 1</p> <p>revealed the resident scored a 7 on the BIMS, indicating the resident had severely impaired cognitive skills, totally dependent for bathing, sometimes understood others and responded adequately to simple direct communication.</p> <p>Medical record review of the Annual Quality of Life Lifestyle Review dated 1/9/16 revealed Resident #2 enjoyed inspirational/religious services, group, and cooking/food activities.</p> <p>Review of the August and September 2016 activity calendars revealed group religious services were provided 7 times in August and 8 times in September 2016. Further review revealed cooking/ food activities were provided 3 times in August and 4 times in September 2016.</p> <p>Medical record review of the activity Daily Participation Log for August and September 2016 revealed Resident #2 had not attended any group activities.</p> <p>Observation revealed Resident #2 lying on the bed in his room at the following times: 10/10/16 at 10:00 AM, 12:00 PM, and 3:30 PM; 10/11/16 at 8:00 AM, 8:45 AM, 9:45 AM, and 10:00 AM; 10/12/16 at 7:49 AM, 9:38 AM, 10:06 AM, and 1:05 PM.</p> <p>Interview with the Activities Director on 10/12/16 at 10:45 AM, in the conference room, confirmed the resident had not been provided assistance to attend group activities for inspirational/religious services or cooking/food activities. Continued interview confirmed the resident had not been provided any out of room activities for the past 3 months.</p>	F 248	<p>2016. Activity care plan will be reviewed during Interdisciplinary Team meeting quarterly for each resident</p> <p>3. What measure will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur: QAPI director to audit activity participation logs for each resident monthly for 3 months and then quarterly</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place: QAPI director to audit activity participation logs for each resident monthly for 3 months and then quarterly Audit results will be reported to QAPI committee monthly.</p>		

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NAME OF PROVIDER OR SUPPLIER

SPRING CITY CARE AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

331 HINCH STREET  
SPRING CITY, TN 37381

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F 279 F 279 SS=D	<p>Continued From page 2</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to provide a comprehensive plan of care for 1 resident (#7) of 1 resident reviewed for hemodialysis care of 30 residents reviewed.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #7 was admitted to the facility on September 23, 2016, with diagnoses including Anemia, Hypertension, End Stage Renal Disease, Seizure Disorder,</p>	F 279 F 279	<p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident #7's care plan reviewed and updated on October 11, 2016 and October 12, 2016 to reflect resident's current status.</p> <p>2. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: Minimum Data Set (MDS) nurses, Director of Nursing (DON), Assistant Nursing Director (ADON), Staff Development Coordinator (SDC) to complete 100% audit of remaining residents' care plan and medical record to ensure that a comprehensive care plan has been developed by November 16, 2016.</p> <p>3. What measure will be put into place or what systemic changes will you make to ensure that the</p>	11/18/16

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F 279	<p>Continued From page 3 Anxiety, and Depression.</p> <p>Medical record review of the nursing admission assessment revealed the resident had a central venous catheter (CVC) for hemodialysis access.</p> <p>Medical record review of the Comprehensive Care Plan dated 6/2/16 revealed "Problem Potential for complications related to hemodialysis..." Continued review revealed the approaches/interventions did not include any care planning for the resident's CVC hemodialysis access.</p> <p>Observation of Resident #7 on 10/12/16 at 8:45 AM, revealed a white 4x4 dressing over the exit site of the CVC at the right shoulder area.</p> <p>Interview with Licensed Practical Nurse (LPN) #3 on 10/12/16 at 9:00 AM, in the nursing station, revealed LPN #3 recently had to change the CVC dressing after Resident #7 had showered. The interview confirmed Resident #7's care plan did not include dressing care for the CVC.</p> <p>Interview with the Director of Nurses on 10/11/16 at 2:30 PM, in the conference room confirmed, from admission 9/23/15 to the present time, the resident had a CVC for hemodialysis access and the comprehensive care plan did not include care for the CVC.</p>	F 279	<p>deficient practice does not recur: All licensed nurses will be re-educated on the development and updating of resident's Interim Care Plan, as well as, the Complete Care Plan by November 11, 2016. A Care Plan Conference will be conducted quarterly with the resident and or POA/Family and the Interdisciplinary team to coordinate resident's comprehensive care plan and update as needed.</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place: 20% random audit of Care Plans will be completed by Interdisciplinary Team Monday-Friday for 4 weeks, then 3 times weekly for 4 weeks, then weekly for 4 weeks, or until 100% compliance is maintained for 2 weeks. Results of audits will be reported to the QAPI committee monthly.</p>		
F 312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to</p>	F 312		11/18/16	

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F 312	<p>Continued From page 4</p> <p>maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on medical record review, observation and interview, the facility failed to provide showers for 1 resident (#2) of 4 residents reviewed for activity of daily living needs of 30 residents reviewed.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #2 was admitted to the facility on 9/26/08 with diagnoses including Anxiety State, Depressive Disorder, Hemiplegia, Subdural Hemorrhage, Emphysema, Osteoarthritis, Joint Stiffness, and Convulsions.</p> <p>Medical record review of Minimum Data Set dated 9/23/16 revealed the resident scored a 7 on the BIMS, indicating the resident had severely impaired cognitive skills, totally dependent for bathing, sometimes understood others and responded adequately to simple direct communication.</p> <p>Medical record review of the Comprehensive Care Plan dated 1/7/16 and revised on 9/26/16 revealed, "...resident has ADL [Activities of Daily Living] self care deficit...bath 2 x [times] week..."</p> <p>Review of the Bathing Report dated 8/1/16 through 10/12/16 revealed the resident received a shower on 8/19/16 and 10/3/16.</p> <p>Observation with Licensed Practical Nurse (LPN)</p>	F 312	<p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident # 2 was asked preference between a baths or shower and stated "I don't want either, but a bath." POA contacted by Director of Nursing (DON) and she stated whatever Resident#2 prefers she is okay with. Care plan updated to reflect resident choice, on November 4, 2016.</p> <p>2. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken Residents, with a BIMS less than 8, ADL care plan will be reviewed for bathing preference. Responsible party or Power of Attorney will be contacted to update bathing preference on ADL care plan by November 14, 2016. Residents with BIMS 8 or above will be</p>	11/18/16	

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F 312	Continued From page 5 #1 on 10/12/16 at 1:40 PM revealed the resident lying on the bed, positioned on the right side.  Interview with Resident #2 on 10/12/16 at 12:44 PM, in this room, revealed the resident would like to get up and receive a shower.  Interview with the Director of Nursing (DON) on 10/12/16 at 1:25 PM, in conference room, revealed residents were to receive showers twice a week and confirmed Resident #2 had not received showers twice a week.	F 312	interviewed to determine their bathing preference and care plans will be updated by November 14, 2016.		
F 514 SS=D	483.75(1)(1) RES RECORDS-COMplete/ACCURATE/ACCESSIB LE  The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.  The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.  This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to maintain an accurate medical record for 1 resident (#142) of 30 residents reviewed.  The findings included:	F 514	3. What measure will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur: Education to licensed nurses and certified nursing assistants on residents bathing preference by November 11, 2016. Audit of ADL bathing report Monday- Friday for 2 weeks, 3 times a week for 4 weeks, weekly for 4 weeks, and then monthly for 3 months.  4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place: Audit of ADL bathing report Monday-Friday for 2 weeks, 3 times a week for 4 weeks, weekly for 4 weeks, and then monthly		



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## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN7203	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  10/12/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SPRING CITY CARE AND REHABILITATION CE

331 HINCH STREET  
SPRING CITY, TN 37361

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 001	1200-8-6 Initial Comments  This Rule is not met as evidenced by: During the licensure survey conducted on October 10-12, 2016, at Spring City Care and Rehabilitation Center, no deficiencies were cited under 1200-8-6, Standards for Nursing Homes.	F 514	3. What measure will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur: Education to licensed nurses by Staff Development Coordinator SDC), (DON), or Assistant Director of Nursing (ADON) on checking the dates on Admission Assessments prior to completing for accurate dates, also before signing off each section of assessment to ensure the correct date is noted by November 11, 2016. New admission charts and assessments will be reviewed upon admission for accurate dates noted. If dates are not entered correctly admitting nurse will make a note stating when the assessment was completed. Will audit the dates on admission and readmission assessments daily in clinical meeting Monday thru Friday. . Will audit 10 random assessments Monday thru Friday for 2 weeks, then 5 random assessments 3 times a week for 4	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

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11-17-16

If continuation sheet 1 of 1

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## Division of Health Care Facilities

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NAME OF PROVIDER OR SUPPLIER  SPRING CITY CARE AND REHABILITATION CE		STREET ADDRESS, CITY, STATE, ZIP CODE 331 HINCH STREET SPRING CITY, TN 37361			
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N 001	1200-8-6 Initial Comments  This Rule is not met as evidenced by: During the licensure survey conducted on October 10-12, 2016, at Spring City Care and Rehabilitation Center, no deficiencies were cited under 1200-8-6, Standards for Nursing Homes.	F 514	weeks, then weekly for 4 weeks. Random audits will be done monthly.  4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place: Will audit the dates on admission and readmission assessments daily in clinical meeting Monday thru Friday. If dates are not entered correctly admitting nurse will make a note stating when the assessment was completed. Will audit 10 random assessments Monday thru Friday for 2 weeks, then 5 random assessments 3 times a week for 4 weeks, then weekly for 4 weeks. Random audits will be done monthly. Audit findings will be reported to QAPI committee monthly.		

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If continuation sheet 1 of 1